

**LETTER OF COMPLIANCE INSPECTION REPORT**

| INSPECTION DATE/TIME/DURATION:<br><b>6/1/2022 11:45 AM</b>                                             |                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2">INSPECTION TYPE</th> </tr> <tr> <td style="width: 5%;"></td> <td>Initial Application</td> </tr> <tr> <td></td> <td>Conversion</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td>Mandatory Review</td> </tr> <tr> <td></td> <td>Full</td> </tr> <tr> <td></td> <td>Complaint Investigation</td> </tr> <tr> <td></td> <td>Monitoring</td> </tr> <tr> <td></td> <td>Other</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td>Follow Up</td> </tr> </table> |           | INSPECTION TYPE |  |  | Initial Application |  | Conversion | <input checked="" type="checkbox"/> | Mandatory Review |  | Full |  | Complaint Investigation |  | Monitoring |  | Other | <input type="checkbox"/> | Follow Up | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4">Approved Capacity: <b>40</b></th> </tr> <tr> <th>AGES</th> <th>Approved for</th> <th># Enrolled</th> <th># Present</th> </tr> <tr> <td>2's</td> <td style="text-align: center;">Y <input checked="" type="radio"/> N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td>3's</td> <td style="text-align: center;"><input checked="" type="radio"/> Y N</td> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td>4's</td> <td style="text-align: center;"><input checked="" type="radio"/> Y N</td> <td style="text-align: center;">16</td> <td style="text-align: center;">14</td> </tr> <tr> <td>5's (pre-school)</td> <td style="text-align: center;"><input checked="" type="radio"/> Y N</td> <td style="text-align: center;">13</td> <td style="text-align: center;">10</td> </tr> <tr> <td>5-15 (school-age)</td> <td style="text-align: center;">Y <input checked="" type="radio"/> N</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td><b>TOTAL</b></td> <td></td> <td style="text-align: center;">30</td> <td style="text-align: center;">25</td> </tr> <tr> <td>Head Start</td> <td style="text-align: center;">XXXXXXX</td> <td style="text-align: center;">0</td> <td style="text-align: center;">XXXXXX</td> </tr> </table> |  | Approved Capacity: <b>40</b> |  |  |  | AGES | Approved for | # Enrolled | # Present | 2's | Y <input checked="" type="radio"/> N | 0 | 0 | 3's | <input checked="" type="radio"/> Y N | 1 | 1 | 4's | <input checked="" type="radio"/> Y N | 16 | 14 | 5's (pre-school) | <input checked="" type="radio"/> Y N | 13 | 10 | 5-15 (school-age) | Y <input checked="" type="radio"/> N | 0 | 0 | <b>TOTAL</b> |  | 30 | 25 | Head Start | XXXXXXX | 0 | XXXXXX |
|--------------------------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------|--|--|---------------------|--|------------|-------------------------------------|------------------|--|------|--|-------------------------|--|------------|--|-------|--------------------------|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|--|--|------|--------------|------------|-----------|-----|--------------------------------------|---|---|-----|--------------------------------------|---|---|-----|--------------------------------------|----|----|------------------|--------------------------------------|----|----|-------------------|--------------------------------------|---|---|--------------|--|----|----|------------|---------|---|--------|
| INSPECTION TYPE                                                                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        | Initial Application                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        | Conversion                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| <input checked="" type="checkbox"/>                                                                    | Mandatory Review                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        | Full                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        | Complaint Investigation              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        | Monitoring                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        | Other                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| <input type="checkbox"/>                                                                               | Follow Up                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| Approved Capacity: <b>40</b>                                                                           |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| AGES                                                                                                   | Approved for                         | # Enrolled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | # Present |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| 2's                                                                                                    | Y <input checked="" type="radio"/> N | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| 3's                                                                                                    | <input checked="" type="radio"/> Y N | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1         |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| 4's                                                                                                    | <input checked="" type="radio"/> Y N | 16                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 14        |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| 5's (pre-school)                                                                                       | <input checked="" type="radio"/> Y N | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 10        |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| 5-15 (school-age)                                                                                      | Y <input checked="" type="radio"/> N | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0         |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| <b>TOTAL</b>                                                                                           |                                      | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25        |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| Head Start                                                                                             | XXXXXXX                              | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | XXXXXX    |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| PROVIDER ID:<br><b>365896</b>                                                                          |                                      | COMPLAINT #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| LICENSE #:<br><b>251213</b>                                                                            |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| JURISDICTION:                                                                                          |                                      | FATALITY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| REGION:<br><b>3</b>                                                                                    |                                      | SERIOUS INJURY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| EXCELS LEVEL:<br><b>4</b>                                                                              |                                      | NURSERY SCHOOL: <input type="checkbox"/> Y <input checked="" type="radio"/> N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| ACCREDITED: <input type="checkbox"/> Y <input checked="" type="radio"/> N                              |                                      | ACCREDITED BY:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| WORKERS COMPENSATION INSURANCE COVERAGE: <input checked="" type="radio"/> Y <input type="checkbox"/> N |                                      | EXP DATE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| OPERATOR NAME:                                                                                         |                                      | EXP DATE:<br><b>7/31/2022</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| FACILITY NAME:<br><b>Sacred Heart School - Joyful Hearts Pre K</b>                                     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| ADDRESS:<br><b>63 Sacred Heart Lane</b> <span style="float: right;"><b>Glyndon MD 21071</b></span>     |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| PERSON(S) INTERVIEWED:<br><b>Director</b>                                                              |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| TITLE(S):<br><b>Kelli Magee</b>                                                                        |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
| TELEPHONE:<br><b>(410) 833-0857</b>                                                                    |                                      | E-MAIL:<br><b>kmagee@shgschool.org</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |
|                                                                                                        |                                      | <input checked="" type="radio"/> Verified <input type="radio"/> N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                 |  |  |                     |  |            |                                     |                  |  |      |  |                         |  |            |  |       |                          |           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                              |  |  |  |      |              |            |           |     |                                      |   |   |     |                                      |   |   |     |                                      |    |    |                  |                                      |    |    |                   |                                      |   |   |              |  |    |    |            |         |   |        |

## PART 1 - MANDATORY REVIEW ITEMS

INSTRUCTIONS: (1) Review each regulation that applies to the inspection being conducted.  
 (2) The compliance status of an item listed under Part 2 may be recorded when deemed necessary.  
 (3) Initial/Resumption/Conversion/Full Inspection - Complete both Part 1 and Part 2.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

|                  |                                            |                     |                                     |
|------------------|--------------------------------------------|---------------------|-------------------------------------|
| <u>C</u> .03.06A | Notifications                              | <u>C</u> .08.01A    | Appropriate Supervision             |
| <u>C</u> .04.01B | Capacity                                   | <u>C</u> .08.03     | Group Size and Staffing             |
| <u>C</u> .05.01A | Building Safety                            | <u>C</u> .08.07     | Playground Supervision              |
| <u>C</u> .05.08A | Appropriate Facilities and Supplies        | <u>C</u> .10.01A(4) | Emergency Escape Route Posted       |
| <u>C</u> .05.11  | General Cleanliness and Disposal of Refuse | <u>C</u> .10.01C    | Emergency Contact Posted            |
| <u>C</u> .05.12  | Outdoor Activity Area                      | <u>C</u> .10.03     | Safe Use of Materials and Equipment |
| <u>C</u> .07.02  | Abuse and Neglect Reporting                | <u>C</u> .10.04     | Potentially Hazardous Items         |
| <u>C</u> .07.06  | Child Security                             | <u>C</u> .12.04A    | Food Safety                         |

## PART 2 – GENERAL COMPLIANCE REVIEW

INSTRUCTIONS: The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

|                                                 |                                                  |                                                |                          |
|-------------------------------------------------|--------------------------------------------------|------------------------------------------------|--------------------------|
| <b>CHAPTER 02 APPLICATION AND MAINTENANCE</b>   |                                                  | <u>X</u> .06                                   | Notifications [exc. A]   |
| <u>X</u> .03C                                   | Maintenance of a Continuing Letter of Compliance | <u>X</u> .07                                   | Change of Operation      |
| <b>CHAPTER 03 MANAGEMENT AND ADMINISTRATION</b> |                                                  | <u>X</u> .08                                   | Variances                |
| <u>X</u> .01                                    | Multi-Site Facilities                            | <u>X</u> .09                                   | Advertisement            |
| <u>X</u> .02                                    | Admission to Care                                | <b>CHAPTER 04 OPERATIONAL REQUIREMENTS</b>     |                          |
| <u>X</u> .03                                    | Program Records                                  | <u>X</u> .02                                   | Enrollment and Attendant |
| <u>X</u> .04                                    | Child Records                                    | <b>CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT</b> |                          |
| <u>X</u> .05                                    | Staff Records                                    | <u>X</u> .01                                   | Building Safety [exc. A] |

## PART 2 – GENERAL COMPLIANCE REVIEW

**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

### CHAPTER 05 PHYSICAL PLANT AND EQUIPMENT, CON'T

- X .02 Accessibility
- X .03 Indoor Space
- X .04 Building Repair and Maintenance
- X .05 Lead-Safe Environment
- X .06 Ventilation and Temperature
- X .07 Water Supply
- X .08 Sanitary Facilities and Supplies [exc. A]
- X .09 Lighting
- X .10 Telephone and Communication
- X .13 Swimming Facilities

### CHAPTER 06 STAFF REQUIREMENTS

- X .01 Minimum Staff Age
- X .02 Staff Orientation
- X .03 Suitability for Employment
- X .04 Staff Health
- X .05 Substitutes
- X .06 Support Personnel
- X .07 Volunteers

### CHAPTER 07 CHILD PROTECTION

- X .01 Prohibition of Abuse, Neglect, Injurious Treatment
- X .03 Child Discipline
- X .04 Parental Access
- X .05 Authorized Release

### CHAPTER 08 CHILD SUPERVISION

- X .01 Individualized Attention and Care [exc. A]
- X .02 Staff Available for Emergencies
- X .04 Variations in Group Size
- X .05 Supervision during Water Activities
- X .06 Supervision during Transportation
- X .08 Rest Time Supervision

### CHAPTER 09 PROGRAM REQUIREMENTS

- X .01 Materials and Equipment
- X .02 Rest Furnishings
- X .03 Storage

### CHAPTER 10 SAFETY

- X .01 Emergency Safety Requirements [exc. A(4), C]
- X .02 First Aid and CPR
- X .05 Transportation

## PART 2 – GENERAL COMPLIANCE REVIEW

**INSTRUCTIONS:** The compliance status of an item listed under Part 1 is excepted (exc.) from recording under Part 2.

**C = In Compliance, D = Discussed, N = Not in Compliance, X = Not Inspected, NA = Not Applicable**

### CHAPTER 11 HEALTH

- X\_\_\_\_.01 Exclusion for Acute Illness  
X\_\_\_\_.02 Infectious and Communicable Diseases  
X\_\_\_\_.03 Preventing Spread of Disease  
X\_\_\_\_.04 Medication Administration and Storage  
X\_\_\_\_.05 Smoking  
X\_\_\_\_.06 Alcohol and Drugs

### CHAPTER 12 NUTRITION

- X\_\_\_\_.01 Food Service  
X\_\_\_\_.02 Modified Diet  
X\_\_\_\_.03 Food Sources  
X\_\_\_\_.04 Food Storage and Preparation [exc. A]

### CHAPTER 12 NUTRITION, CON'T

- X\_\_\_\_.05 Food Preparation Area and Equipment

### CHAPTER 13 ADOLESCENT FACILITIES

- X\_\_\_\_.01 Approved Plan

### CHAPTER 14 EDUCATIONAL PROGRAM

- X\_\_\_\_.04 Change of Operation  
X\_\_\_\_.06 Personnel Qualifications  
X\_\_\_\_.07 Educational Program  
X\_\_\_\_.08 Child Records  
X\_\_\_\_.09 Health, Fire Safety, Zoning

### CHAPTER 15 INSPECTIONS, COMPLAINTS AND ENFORCEMENTS

- C\_\_\_\_.02 Inspections  
X\_\_\_\_.06 Emergency Suspension



Signature of Provider



Signature of Agency Representative

Felecia White

6/01/2022

Date

